

Docket No.: 60154.302001

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**
CENTRAL FAX CENTERApplicant: **TSAI, John C.**
For (title): **ROTATION AND TRANSLATION MEASUREMENT**

SEP 28 2004

Filing Date: **11/10/2001**
Serial No: **10/053,508**Examiner: **BROWN, Khalid**
Art Unit: **2877**Honorable Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313**RESPONSE TO OFFICE ACTION**

Sir:

In response to the Office Action dated 06/30/2004 (Paper Number 20040625), Applicant submits the following remarks, currently due on a statutory period for response extending through 09/30/2004.

Certificate Of Mailing Or Transmission (37 CFR 1.8)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office at 703 872-7306 on the date shown below.

SEPT 28, 2004
(Date)Patricia Belman
(Signature of person sending paper)PATRICIA BELMAN
(Typed or printed name of person sending paper)

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FAX COVER LETTER

Date: September 28, 2004

TO: Examiner Khalid Brown
COMPANY: U.S. Patent and Trademark Office
PHONE:
FAX: 703 872-9306

FROM: Raymond E. Roberts
DIRECT DIAL: (408) 558-7892
E-MAIL: rroberts@IPLO.com

RE: **Serial No. 10/053,508; Applicant: Tsai, John C.; Filed: 11/10/2001;**
Entitled: Rotation and Translation Measurement;
Atty. Docket No. 60154.302001

COMMENTS: Attached for filing is a Transmittal and a Response to Office Action for the referenced application.

Respectfully submitted,


Raymond E. Roberts, Reg. No. 38,597

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tsai, John C.

Docket No: 60154.302001

Serial No: 10/053,508

Group Art Unit: 2877

Filing Date: November 10, 2001

Examiner: Brown, Khalid

For: "ROTATION AND TRANSLATION MEASUREMENT"

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SEP 28 2004MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

☒ Transmitted herewith is a Response to Office Action for this application.

STATUS

☒ Applicant is☒ a small entity.☐ other than a small entity.

EXTENSION OF TIME

☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$210.00
<input type="checkbox"/>	three months	\$ 950.00	\$475.00
<input type="checkbox"/>	four months	\$1,480.00	\$740.00

Fee \$ _____

☐ If an additional extension of time is required please consider this a petition therefor.☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on September 28, 2004, with the U.S. Postal Service as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Date: September 28, 2004



- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total *	Minus *0*	=	x9=	\$	x18=	\$
Indcp. *	Minus *0*	=	x43=	\$	x86=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+140=	\$	x280=	\$
			TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE
						\$

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$ _____.

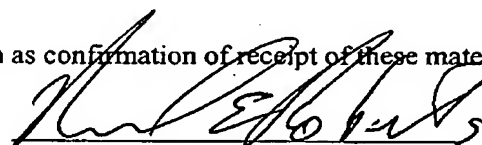
FEE PAYMENT

- ☐ Attached is a check in the sum of \$ _____.
☐ Charge Account No. 08-3240 the sum of \$ _____.
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

- ☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.
- ☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: September 28, 2004


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